

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Brown

128

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
near Pomomoke City		Maryland				
Date of death	Month	Day	Years	Months	Days	
1908	Oct	11	Age 68			
Sex	Male	Color or Race	White	Birth-place	Worcester Co	
Occupation	Farmer		Where Residing if not at place of death	near Pomomoke City		
Married, Single or Widowed	Married	Name of Wife or Husband	Sallie Jones	Father's Birthplace	Worcester Co	
Father's Name	Jacob Brown			Mother's Birthplace	Worcester Co	
Mother's Maiden Name	Sallie Jones			How related to deceased	Son	
Name of person giving information	Jacob Brown		V			

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary

Softening of Brain

How long

1 yr

Immediate

Paralyzed

How long

some days

Are the name, age, sex, color, date and place correctly given above?

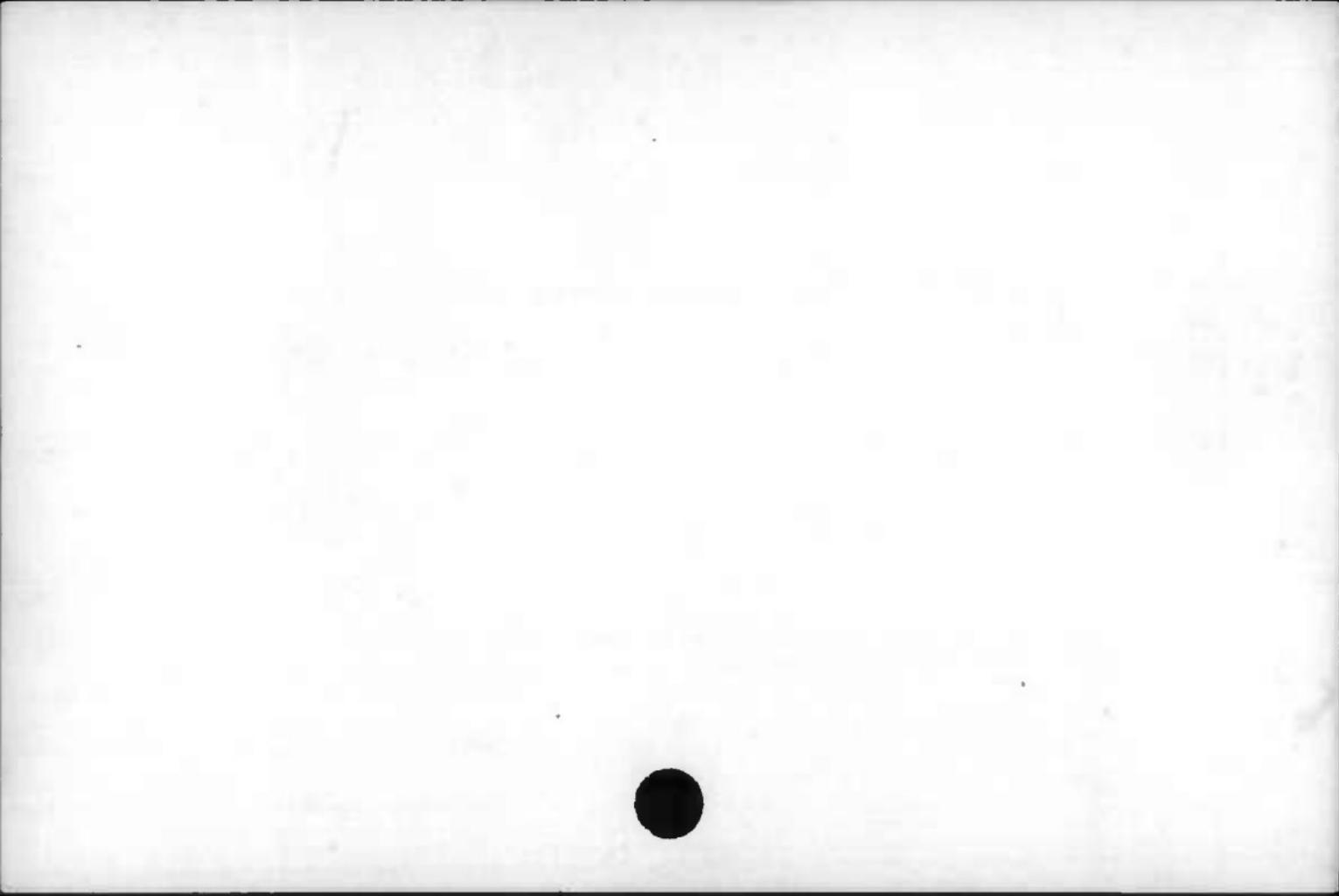
Yes

Signature of Physician

Address

J. J. Brown
Pomomoke City, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alford. Bradford

Town

Died at
Crownshire

County

Nor.

MARYLAND

Date
of death 1908 Month Oct Day 21

Years

Age two

Months

Days

Sex male Color or Race white

Birth-place

Crownshire

Occupation None

Where Residing if not
at place of death

Married, Single
or Widowed Single

Name of Wife or
Husband

Father's Name Elijah Bradford

Father's Birthplace near New York

Mother's Maiden Name Ruby Butter

Mother's Birthplace near New York

Name of person giving
Information Elijah Bradford

How related
to deceased Father

CAUSES OF DEATH

150

How long since 3rd mouth

Primary Mal-development of skull

How long 2 weeks

Immediate Encephalitis

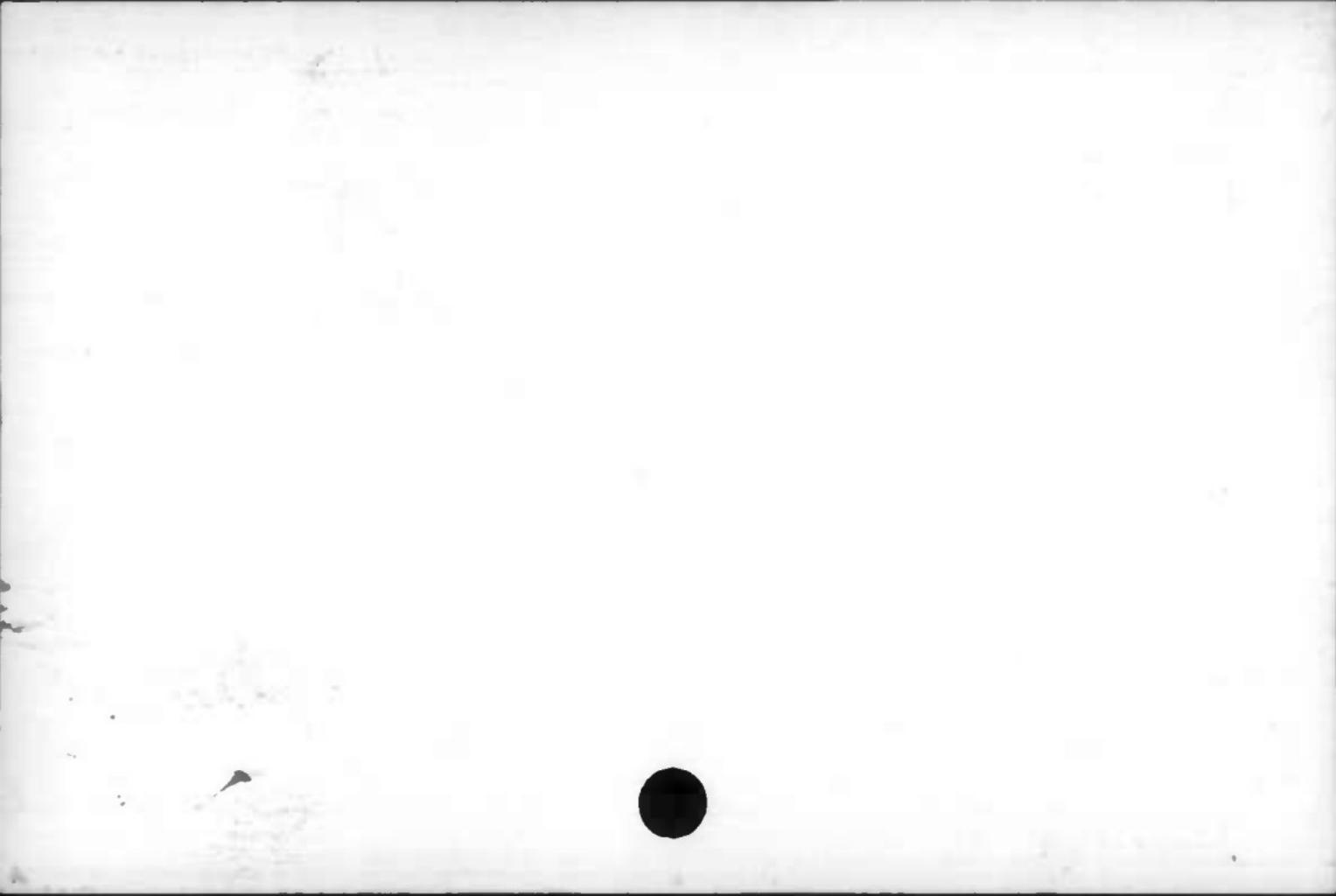
Adricken

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Minnie E. Bratten

130

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Pocumtuck City			County	Pocumtuck	
Died at				County	Pocumtuck	
Date of death	Month	Day	Year	Month	Days	
1908	OCT	11	Age 43	2		
Sex	Female	Color or Race	White	Birth-place	Somerset Co	
Occupation	Domestic			Where Residing if not at place of death	✓	
Married, Single or Widowed	Married	Name of Wife or Husband		W.F. Bratten		
Father's Name	Lyman S. Thompson			Father's Birthplace	Somerset Co	
Mother's Maiden Name	Gallie Porter			Mother's Birthplace	Somerset Co	
Name of person giving information	W.F. Bratten			How related to deceased	Husband	

CAUSES OF DEATH

79

How long

Primary

Falvular Heart Disease 506 years

Immediate

Broken Compensation (dropped) 10 Days

PHYSICIAN
OR CORONER

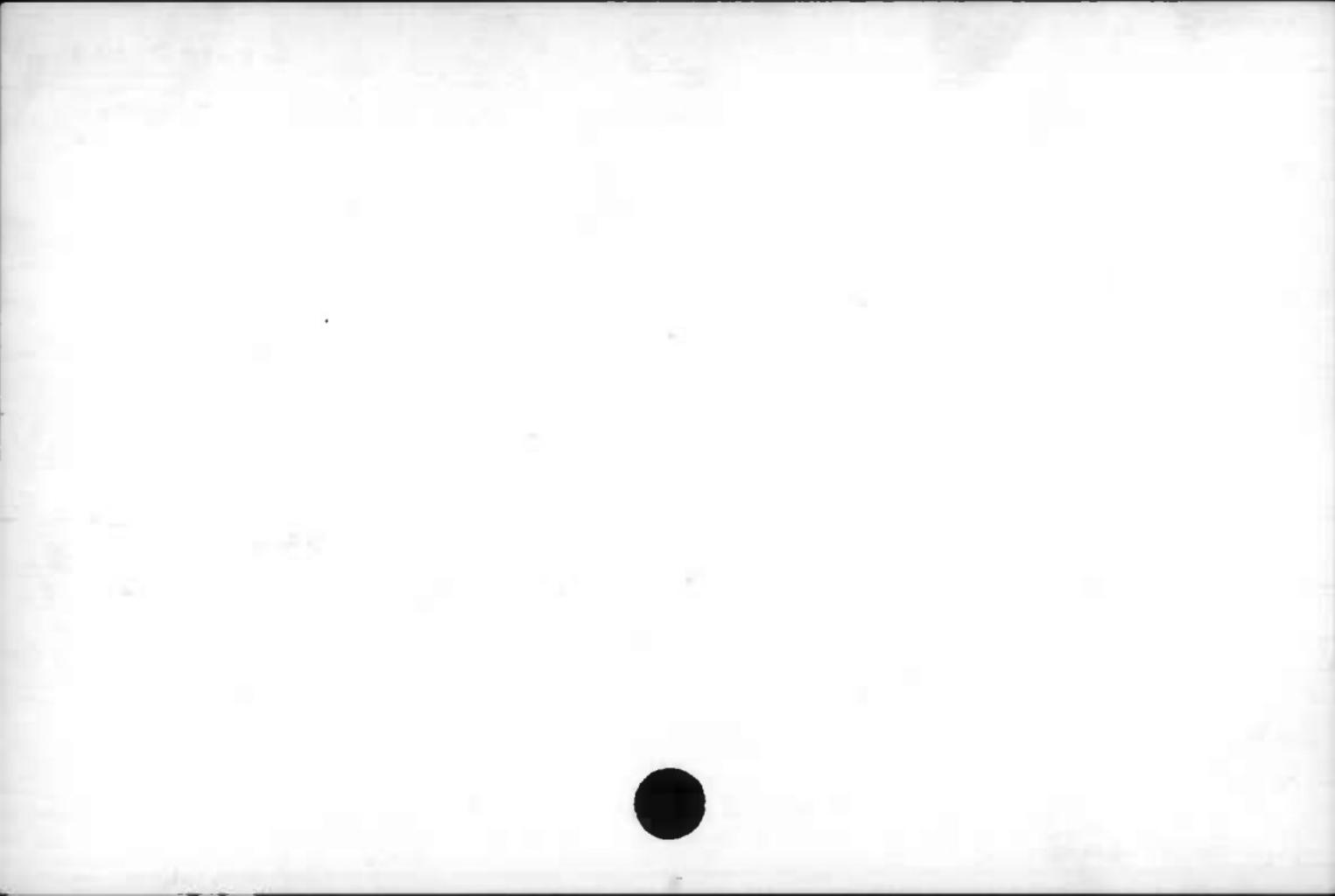
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Beestee
Pocumtuck City, Md.

Accident or Suicide



Name
in
Full

Virga M. Brittingham

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Okt	12 ^e	8	11	22	
Sex	Female	Color or Race	white	Birth-place	Md.	
Occupation	Where Residing if not at place of death			✓		
Married, Single or Widowed	Name of Wife or Husband	✓				
Father's Name	George R. Brittingham	Father's Birthplace	Md			
Mother's Maiden Name	Sanya V. Wilson	Mother's Birthplace	Md.			
Name of person giving information	George R. Brittingham	How related to deceased	Father			

CAUSES OF DEATH

9

How long

5 days.

How long

For infants

PHYSICIAN
OR CORONER

Primary

Sanguineal diphtheria

Immediate

Constitution

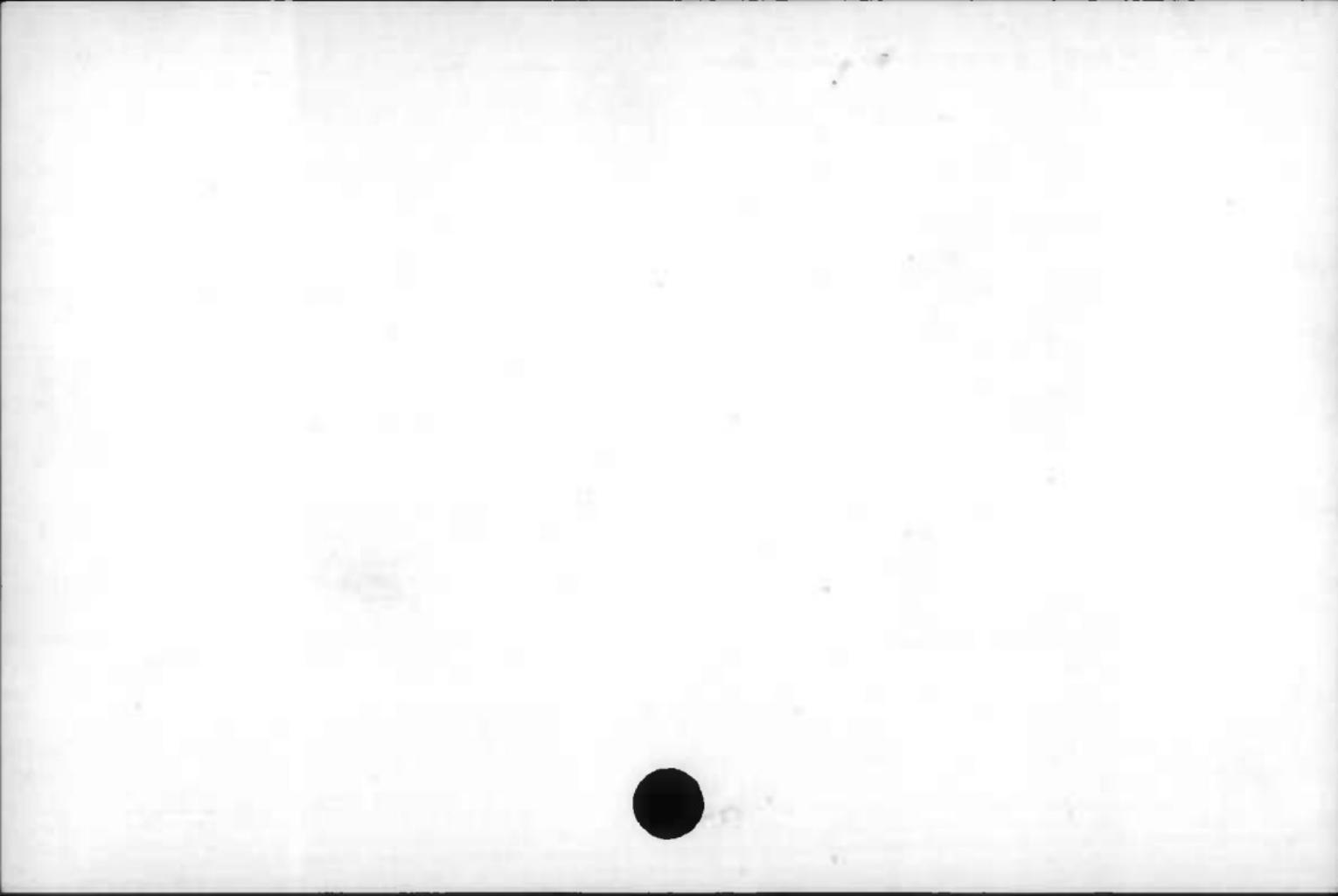
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. Wilson
Brush City

Accident or Suicide?



Name
in
Full

John Wesley Cooley

125

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town	County			
Died at	Pocomoke Md.	Worcester				
Date of death	1901 Oct.	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Colored	Age	3	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Isaac Cooley	Father's Birthplace Poconos				
Mother's Maiden Name	Frances Cooley	Mother's Birthplace Poconos				
Name of person giving information	Joseph Cooley	How related to deceased Brother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Thrush

100

How long

2 weeks.

Immediate

Inflammation, exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

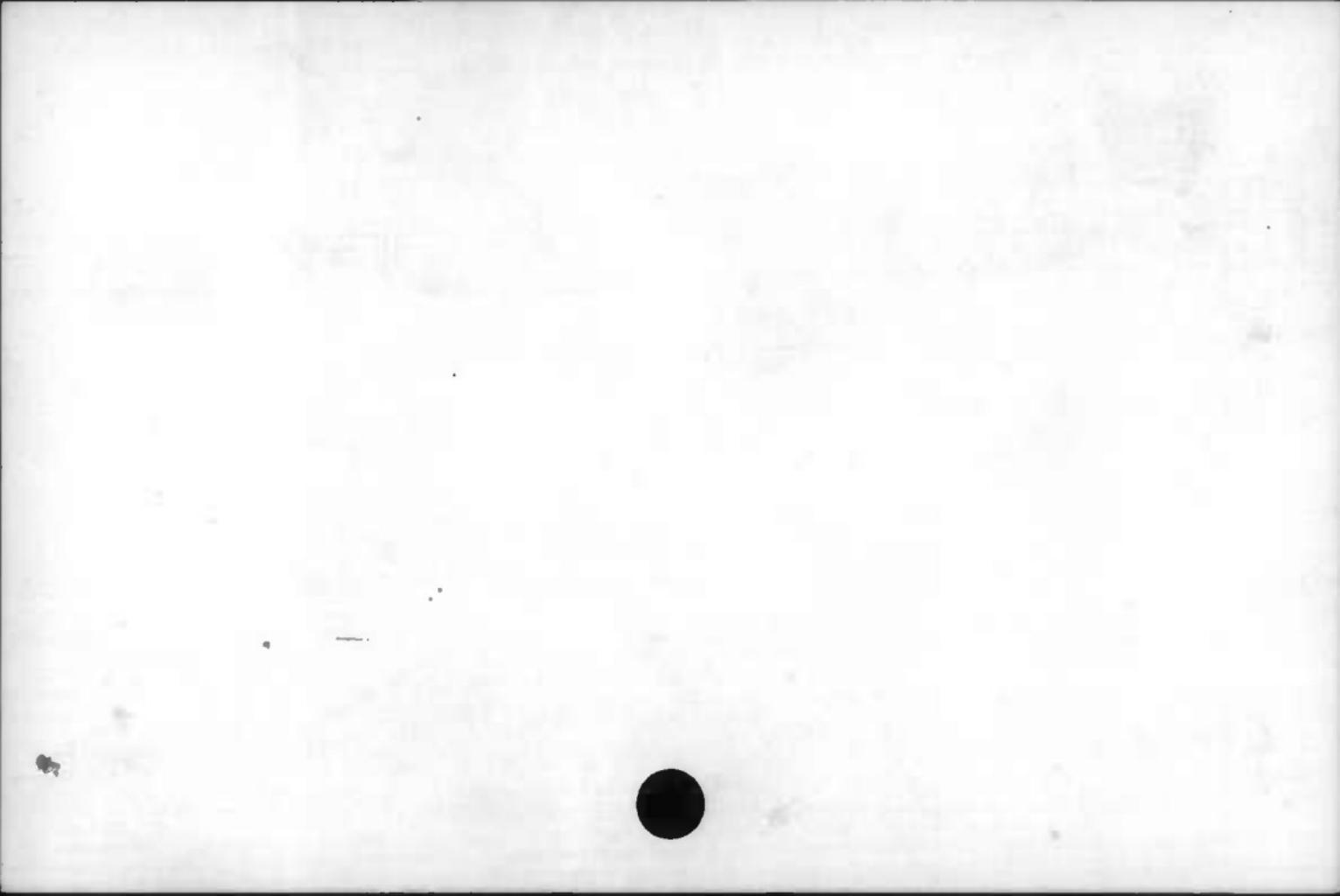
Signature of Physician

Address

J. A. C. & Wm

Pocomoke Md.
Worcester County

Accident or Suicide?



Name
in
Full

Infant ~~Cropper~~ Nor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND		
Died at Berlin	Nor			
Date of death 1908	Month Oct.	Day 4	Years	Months
Sax Female	Color or Race White	Age	Days	
Occupation Woman	Where Residing if not at place of death _____			
Married, Single or Widowed Single	Name of Wife or Husband _____			
Father's Name Gilbert - Cropper	Father's Birthplace near Berlin			
Mother's Maiden Name Miss Raynor	Mother's Birthplace near Berlin			
Name of person giving Information Gilbert / Cropper	How related deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stillborn

(S)
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

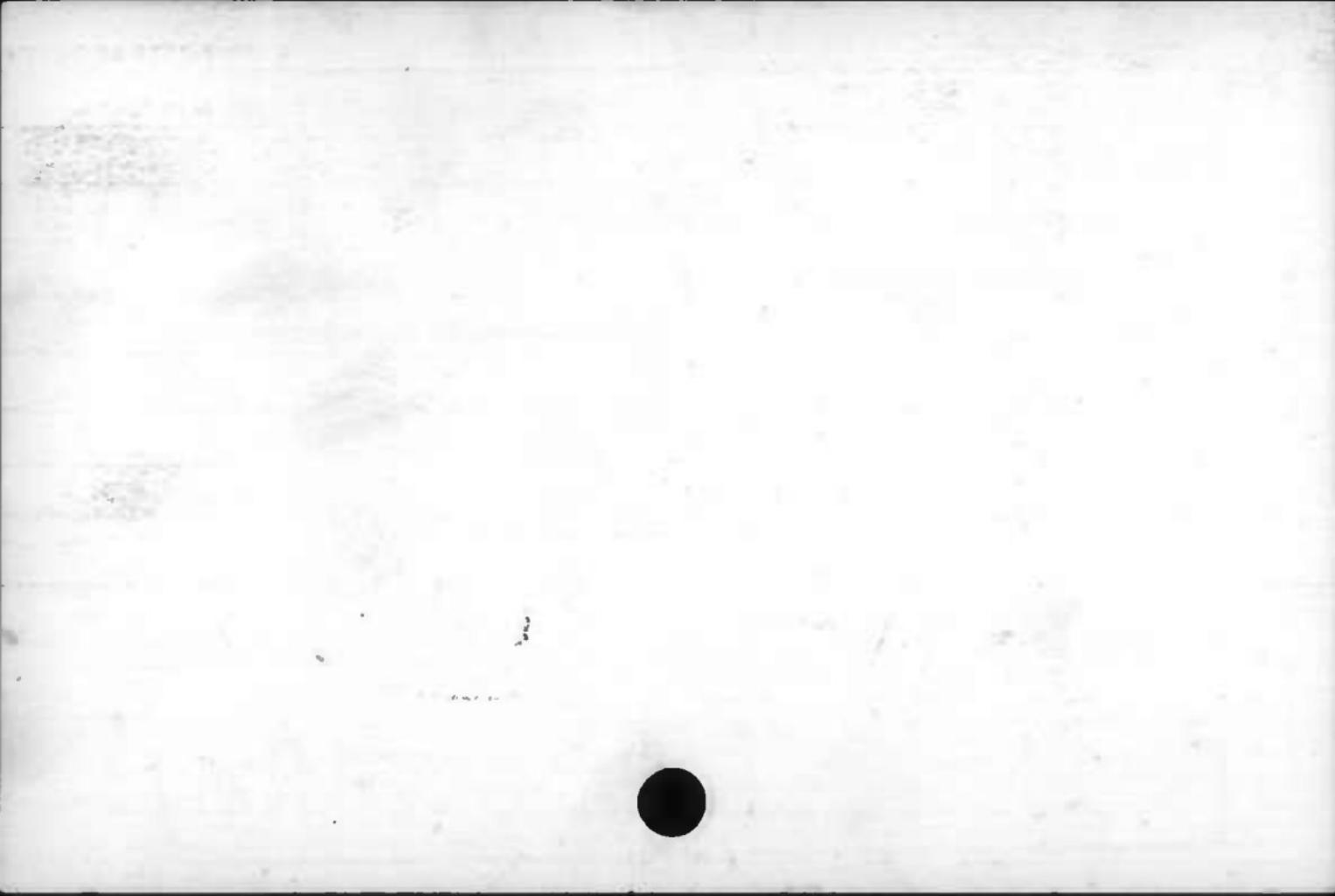
Yes.

Signature of Physician

Address

Dr. L. A. Massey
Berlin, Md

Accident Suicide



Name
in
Full

William Gin

131

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Poconoke City	County	Maryland		
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Colored	Birth-place	Poconoke City	
Occupation	servant		Where Residing if not at place of death	Poconoke City and		
Married, Single or Widowed	Single	Name of Wife or Husband	Edwina Gin			
Father's Name	Edwina Gin		Father's Birthplace	dust know		
Mother's Maiden Name	Sadie Landry		Mother's Birthplace	Virginia		
Name of person giving information	Sadie Landry		How related to deceased	Mother		

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Inquest held by me

Immediate

Ephraim Hillman Doctor of

Are the name, age, sex, color, date and place correctly given above?

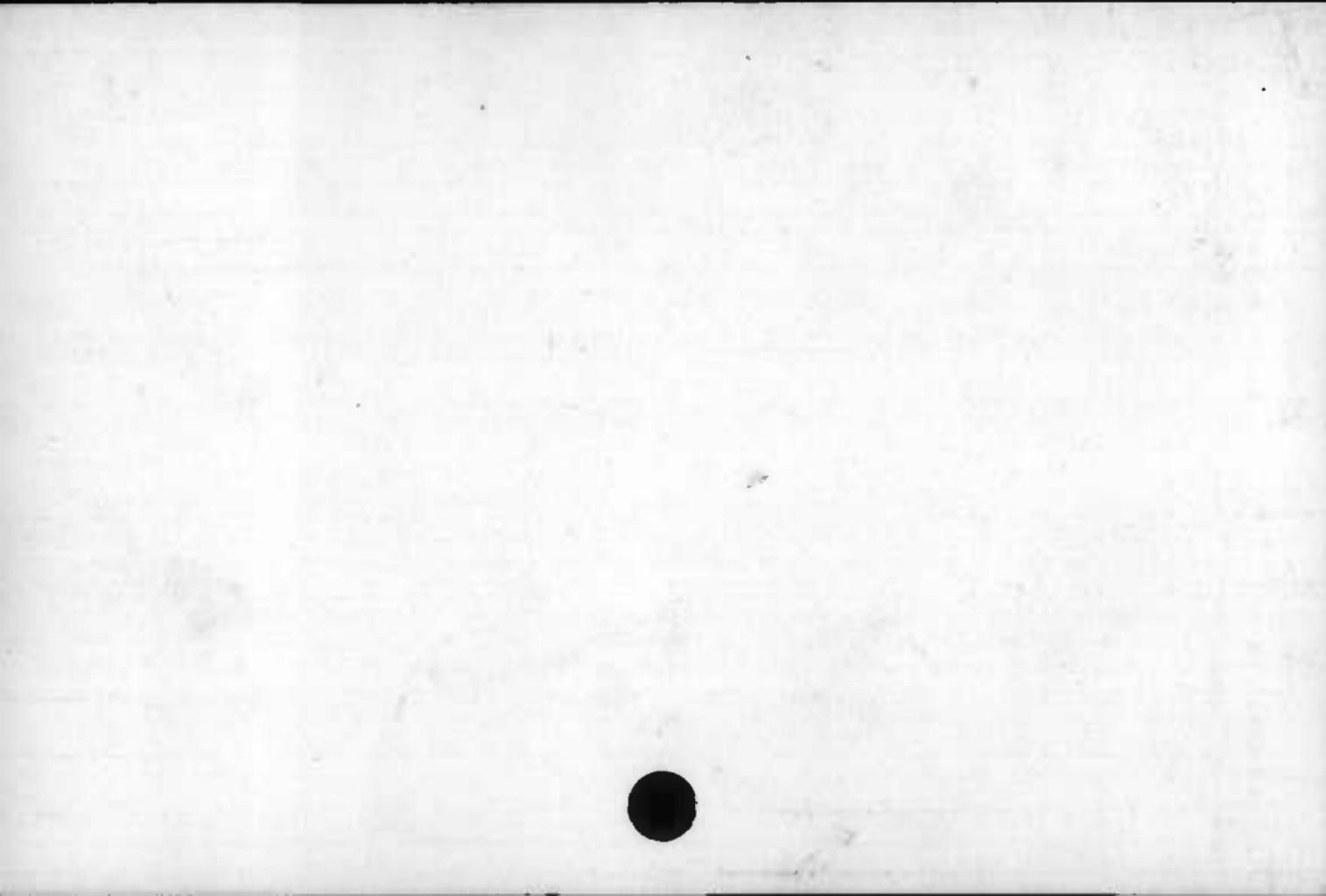
Signature
Physician

Address

and Santo Marks of Justice were
offered same buried

Accident or Suicide?

Ephraim Hillman acting Reg



Name
in
Full

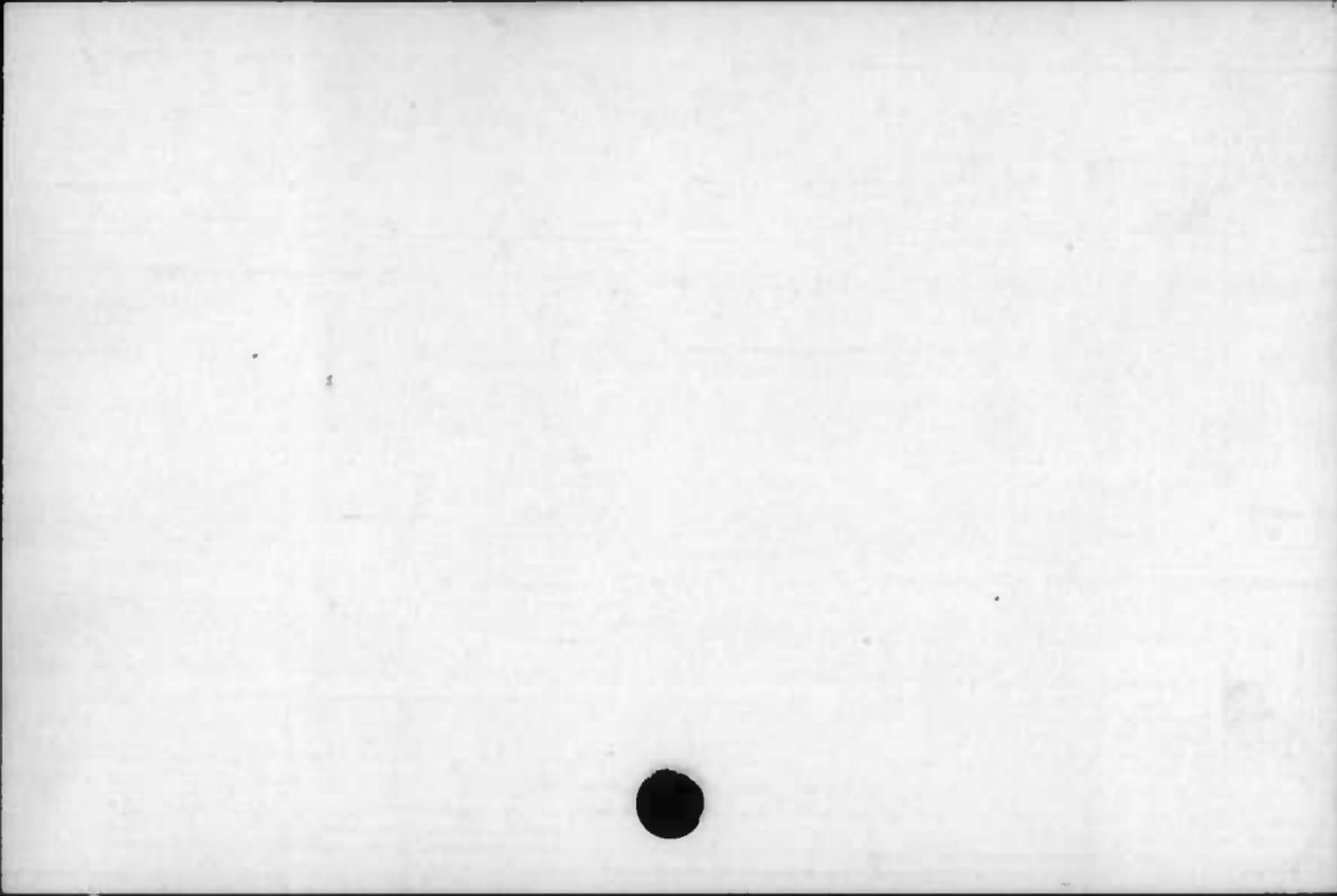
Glydys Hearn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	None	Where Residing If not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	J. Wm Hearn	Father's Birthplace	Whaleyville, Md.		
Mother's Maiden Name	Mary Littleton	Mother's Birthplace	Rowellville, Md.		
Name of person giving information	J. Wm Hearn	How related to deceased	Father		
CAUSES OF DEATH					
Primary	Bronchitis pneumonia			92	
Immediate	Spasmodic croup			How long 4 days	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	How long 2 days	
yrs			Address	John L. Riley, Snow Hill, Md.	
Accident or Suicide?					

PHYSICIAN
OR CORONER



Name
In
Full

George Edward Layball Hitchins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Ocean City	Worcester		
Date of death 1908	Month Oct	Day 18 th	Years X X
Age X X	Months X X	8 Days	
Sex Male	Color or Race white	Birth-place Ocean City, Md.	
Occupation X X X f	Where Residing if not at place of death Ocean City, Md.		
Blacked out, Single	Name of Wife or Husband X X + + +		
Father's Name E M. Hitchins	Father's Birthplace Del		
Mother's Maiden Name Mary Johnson	Mother's Birthplace Del		
Name of person giving information E M. Hitchins	How related to deceased Father		

CAUSES OF DEATH

71

How long

36 hours

How long

PHYSICIAN
OR CORONER

Primary

Convulsions

Immediate

Are the name, age, sex, color, date and place correctly given above?

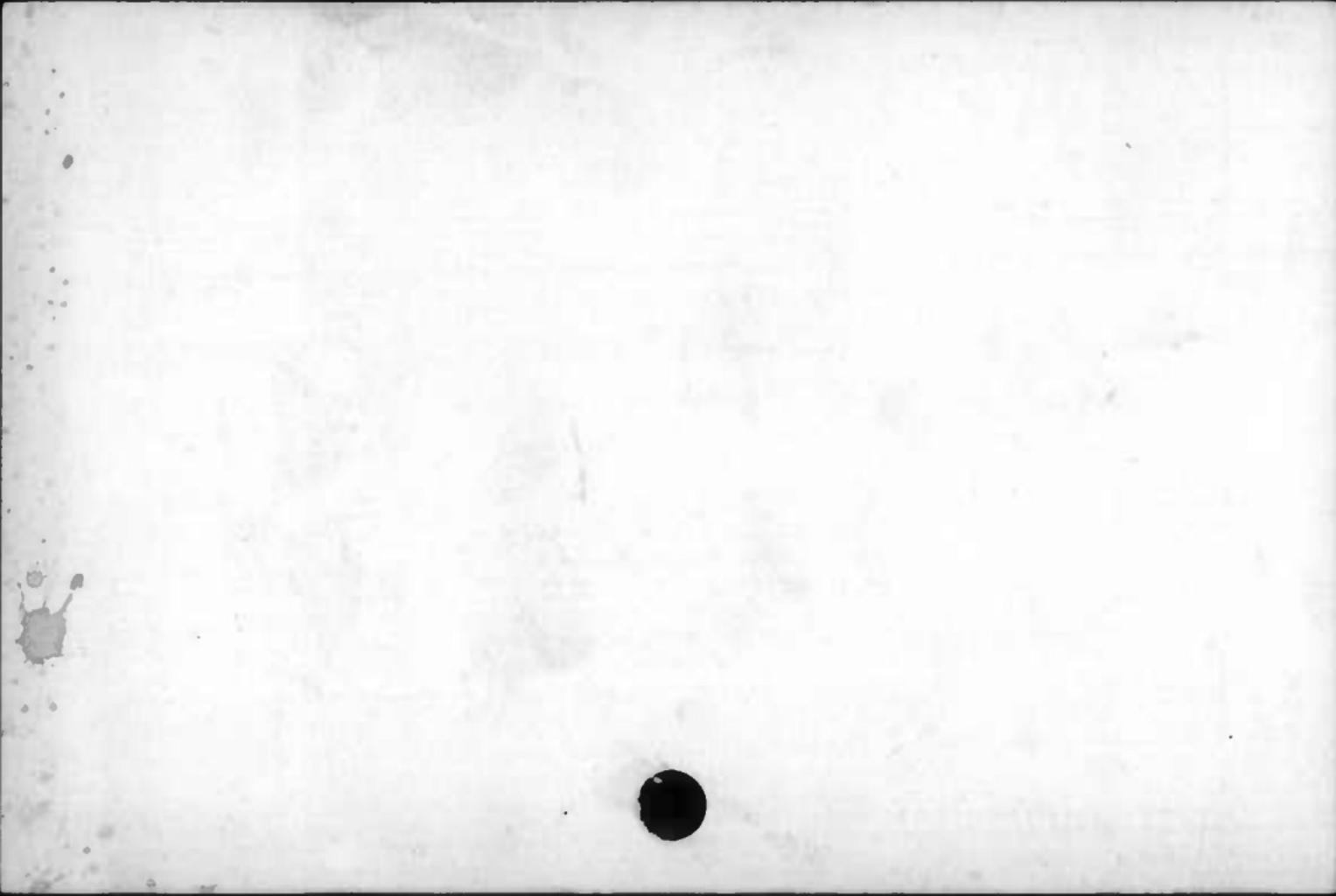
Yes

Signature of Physician

Address

John B. Bagott M.D.
Ocean City,
Maryland.

Accident or Suicide?



Name
in
Full

Angeline Yaddow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at	Bishop Rd El Dorado	Worcester		Months	Days
Date of death	1908 Oct	20 th	Years		
Age	55				
Sex	Female	Color or Race	White	Birth-place	Delaware
Occupation	House work	Where Residing if not et place of death	Worcester Buildings		
Married, Single or Widowed	Widow	Name of Wife or Husband	John Yaddow	Father's Birthplace	Delaware
Father's Name	Benjamin Blystad			Mother's Birthplace	Delaware
Mother's Maiden Name	Pruday Blizard			How related to deceased	Son
Name of person giving Information	John Yaddow				

CAUSES OF DEATH

27

How long

How long

3 years

PHYSICIAN
OR CORONER

Primary

Immediate

Injuries

Are the name, age, sex, color, date
and place correctly given above?

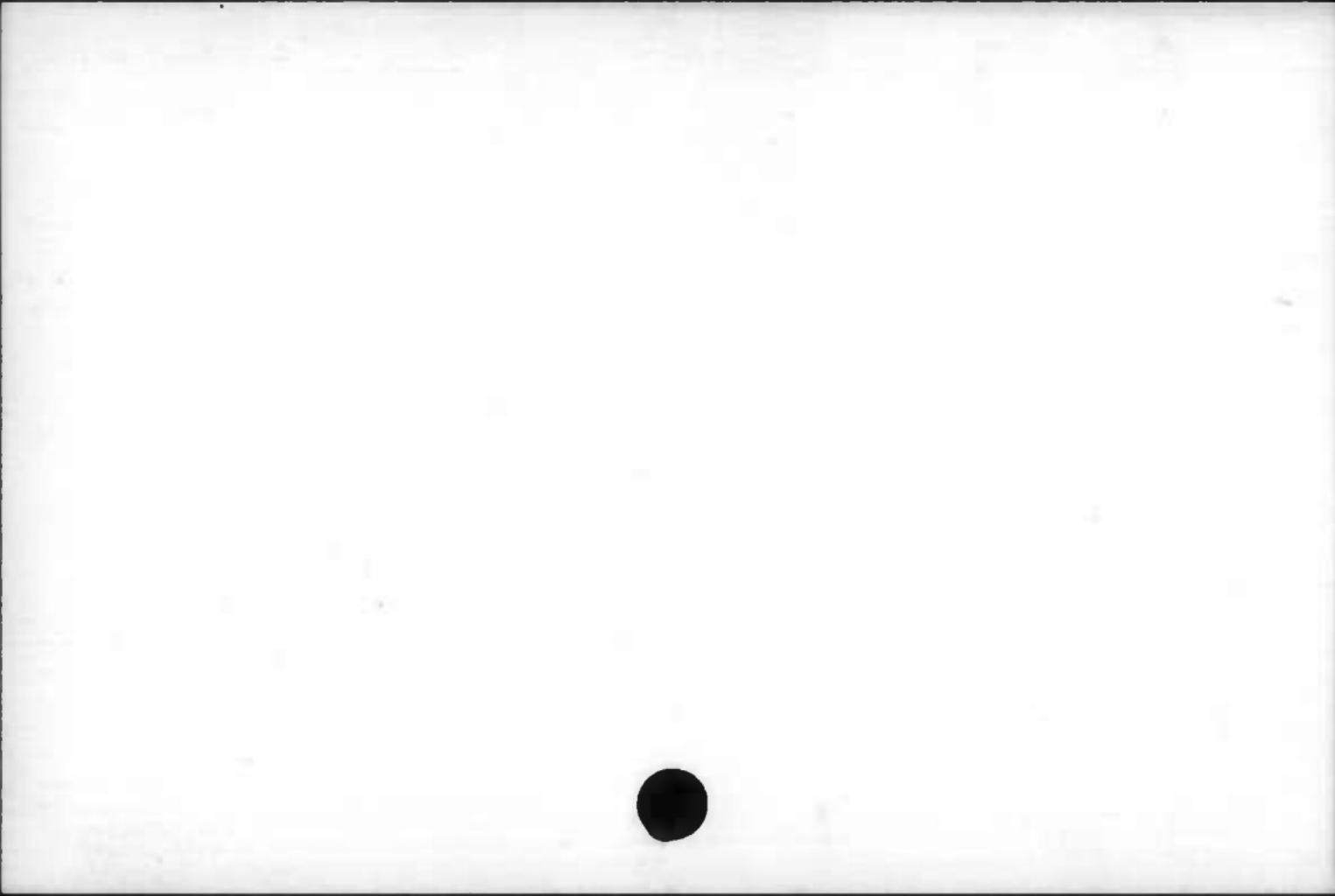
Yes

Signature of Physician

Address

R. L. Colcord
Bishopfield
Md.

Accident or Suicide



Name
in
Full

Edna Hudson

CERTIFICATE OF DEATH

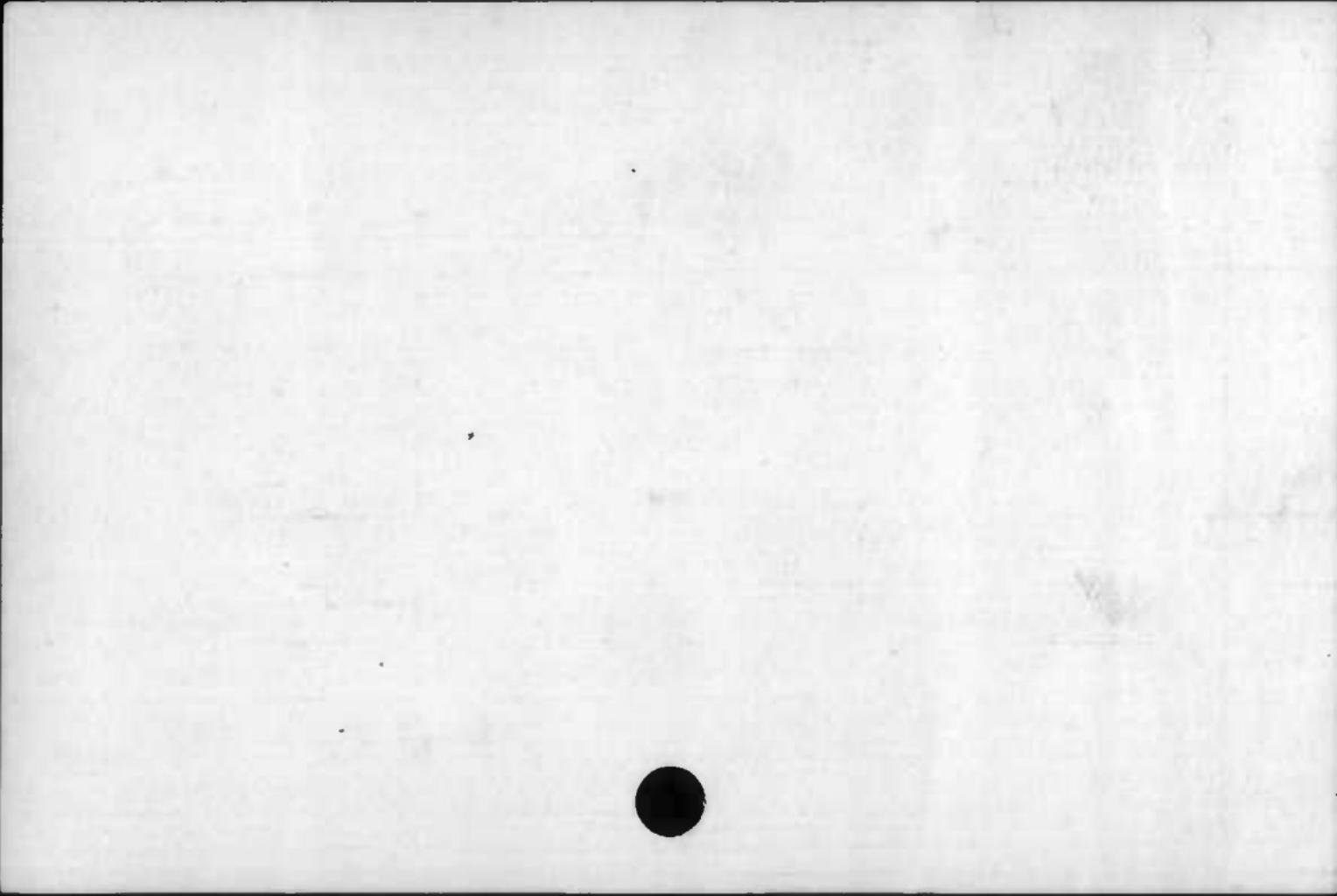
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Herman Hudson			Father's Birthplace	Ind
Mother's Maiden Name	Mary Hull			Mother's Birthplace	Ind
Name of person giving information	Herman Hudson			How related deceased	Father

CAUSES OF DEATH

105

Primary	Gastro Enteritis		How long	about 3 mths
immediate	Cardiac Exhausion		How long	few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C.P. Bunnund M.D.	
		Address	Grindley, Ind.	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Harrietta Jones

CERTIFICATE OF DEATH

Died at Crop Roads		Town	Worcester		County	MARYLAND	
Date of death 1908	Month Oct	Day 9	Age 78	Years	Months	Days	
Sex Female	Color or Race White	Birth-place Worcester Co Md					
Occupation Invalid	Where Residing if not at place of death at Place of death						
Married, Single or Widowed	Name of Wife or Husband Moses Jones						
Father's Name Isaac Davis	Father's Birthplace Worcester Co Md						
Mother's Maiden Name Susan Webb	Mother's Birthplace Worcester Co Md						
Name of person giving Information Jas. Davis	How related to deceased nephew						

CAUSES OF DEATH

154

How long about 2 years

How long several days

Primary Infirmities of age

Immediate Failure of vital forces

Are the name, age, sex, color, date and place correctly given above?

yes

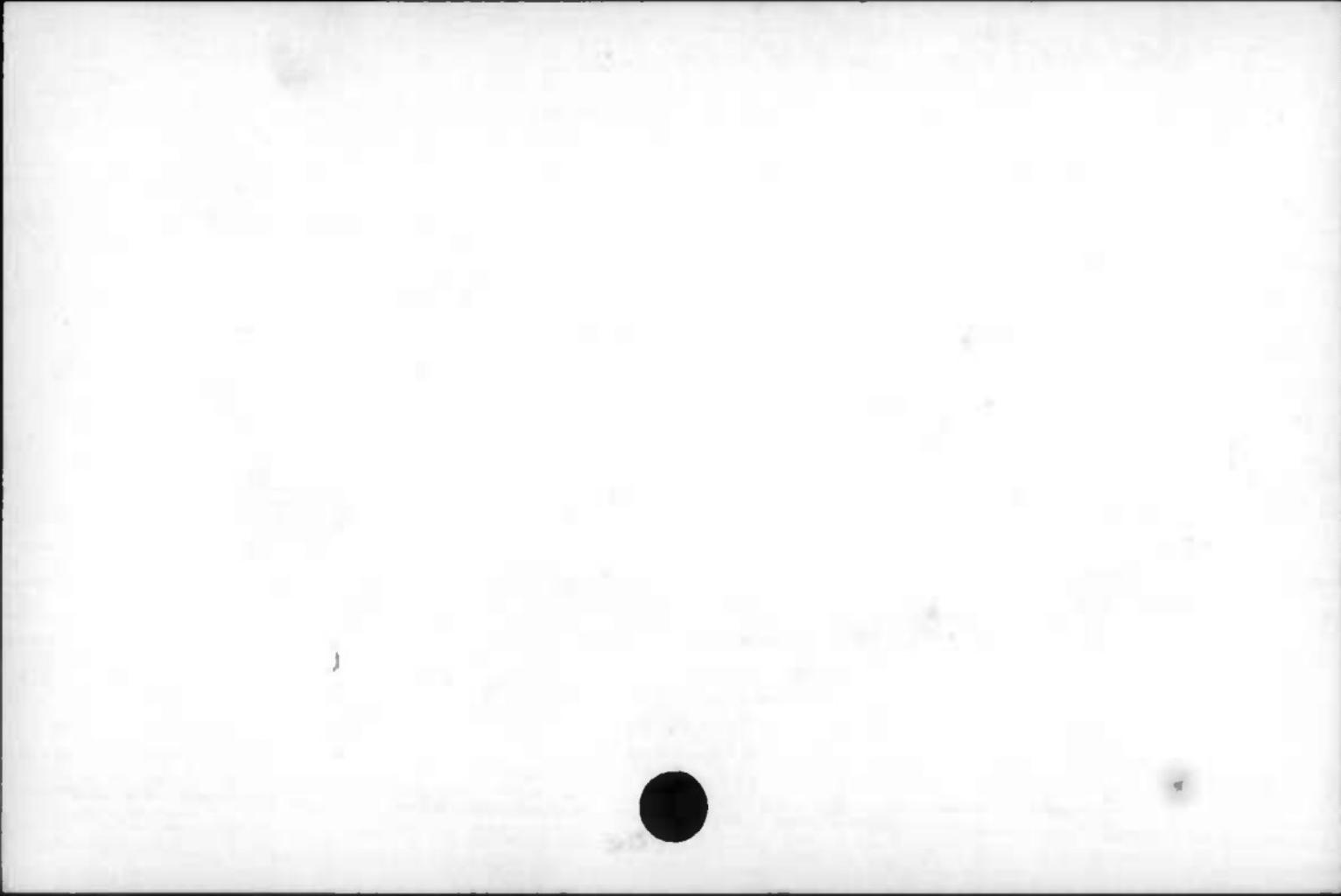
Signature of Physician

Address

97 Worcester

Pocomoke City Md

Accident or Suicide?



Name
in
Full

Sallie Lenes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Worcester		County Worcester		MARYLAND	
Date of death	Month 1908 Oct	Day 2	Years Age 52	Months	Days
Sex Female	Color or Race White	Birth-place Maryland			
Occupation Housework	Where Residing if not at place of death At Home				
Married, Single or Widowed Widower	Name of Wife or Husband Bridget Sister	Father's Birthplace			
Father's Name unknown		Mother's Birthplace			
Mother's Maiden Name unknown		How related to deceased Daughter			
Name of person giving information	Ralph Carmean				

CAUSES OF DEATH

27

Primary Consumption	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician R.P. Collier
T Rayne	Address Bishopville Md.
Accident or Suicide? No	



Name
in
Full

M Helen Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Berlin		County Nov		MARYLAND	
Date of death 1908	Month Oct	Day 20	Years 73	Months —	Days —
Sex - Female	Color or Race White	Birth-place Near Berlin			
Occupation House Keeper	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name J. H. Marshall	Father's Birthplace Berlin				
Mother's Maiden Name Ely Lutte, Mrs.	Mother's Birthplace Worcester Md				
Name of person giving Information J. Gordon Marshall	How related to deceased				

CAUSES OF DEATH

Primary

Malignant disease of Liver several years

Immediate

Stricture

40

How long

How long

1 month

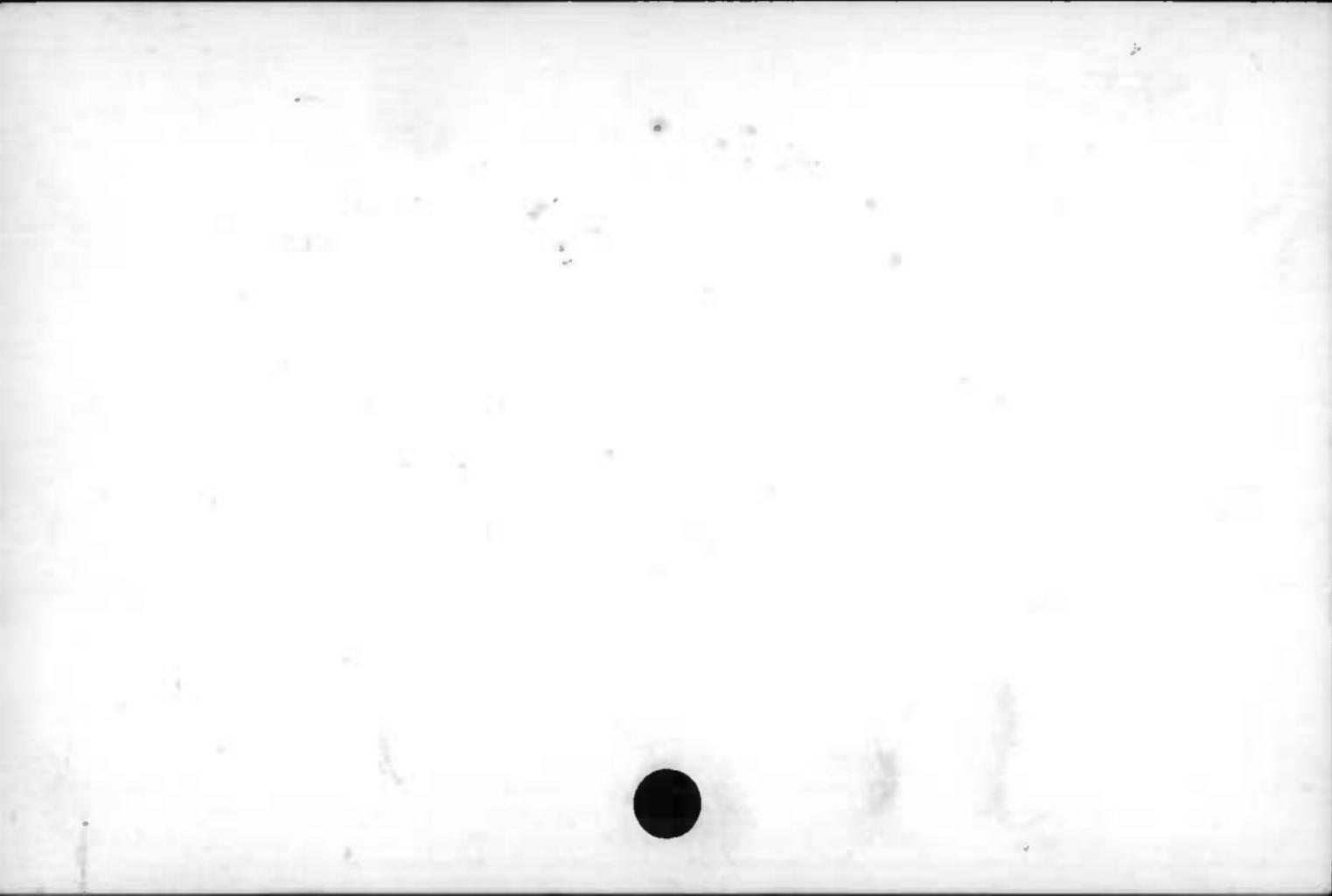
Signature of Physician

Address

C. W. Duley

Baltimore Md

Accident or Suicide



Name
in
Full

Oelia Merrile

132

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Pocomoke City		Wicomico			
Date of death	1908	Month Oct	Dey 23	Years 38	Months 5	Deys 18
Sex	Female	Color or Race	Colored		Wicomico Co. Md.	
Occupation	Domestic		Where Residing if not et place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Al. Merrile			
Father's Name	Edw. Juelington				Father's Birthplace	Accomac Co. Va.
Mother's Maiden Name	Harriet Ward				Mother's Birthplace	Muskeg Co. Md.
Name of person giving Information	Henry Ward				How related to deceased	Brother

CAUSES OF DEATH

119

How long

10 days

How long

Three Days

PHYSICIAN
OR CORONER

Primary

Acute Nephritis

Immediate

Malaria Poisoning

Signature of
Physician

Address

R. Peetree
Pocomoke City, Md.

Accident or Suicide

45

11

44

Name
in
Full

Leah Oregoke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Month
Sex	Color or Race	Age	Days	Birth-place
Occupation	Where Residing if not at place of death			Pocomoke
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace	Russia
Father's Name	Charles Oregoke		Mother's Birthplace	Russia
Mother's Maiden Name	Sarah Gun	How related to deceased		None
Name of person giving Information	Moses B Finklestein			

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Malnutrition

(179)

From Birth

Immediate

Exhaustion

How long

Short

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

F. W. C. Lunn

Pocomoke Md.
Worcester County

Accident or Suicide



Name
in
Full

Edna E. Rayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Near Berlin			County	MARYLAND	
Died at	Month	Day	Year	Age	Months	Days
Date of death 1908	10	15		7		
Sex Female	Color or Race	Colored			Birth-place	Near Berlin
Occupation Housewife				Where Residing if not et place of death		
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Geo Raynor				Father's Birthplace	Berlin	
Mother's Maiden Name Powell				Mother's Birthplace	Berlin Md	
Name of person giving Information Geo Raynor				How related to deceased	Foster	

CAUSES OF DEATH

179

How long

How long

PHYSICIAN
OR CORONER

Primary

No Dr in attendance

Immediate

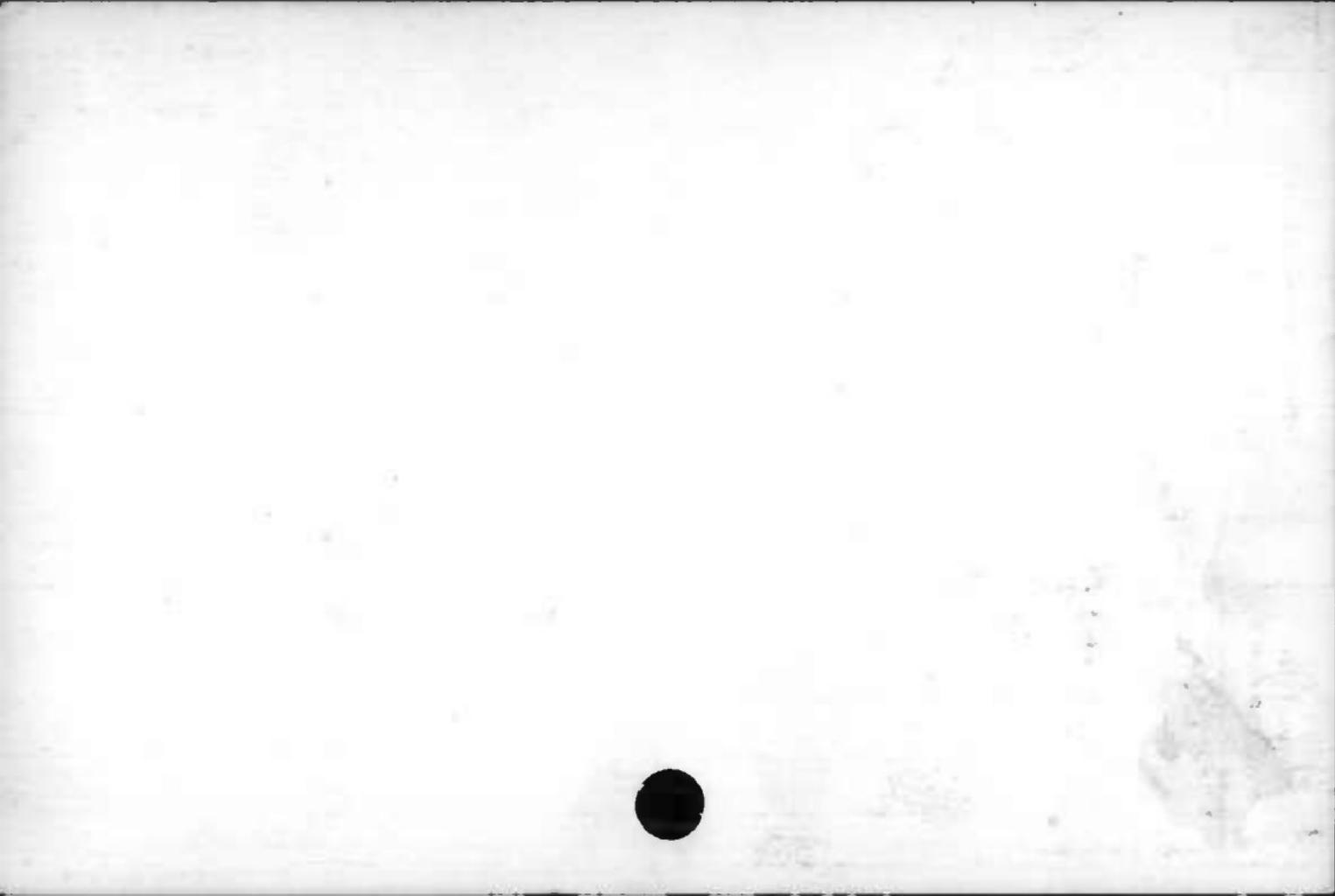
Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Address

J. E. Price & Undertakers
OK Dr. A. Massey
Berlin Md.

Accident or Suicide



Name
in
Full

Jahilha Rayne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Oct	Day 12	Age 83	Month	Day
Sex Female	Color or Race Black	Birth-place Maryland			
Occupation None	Where Residing if not at place of death				
Married Single or Widowed	Name of Wife or Husband ✓				
Father's Name	Father's Birthplace unknown				
Mother's Maiden Name	Mother's Birthplace unknown				
Name of person giving Information	How related to deceased Mr				

CAUSES OF DEATH

179

How long

PHYSICIAN
OR CORONER

Primary

Immediate

No La inattendancer

How long

Are the name, age, sex, color, date and place correctly given above?

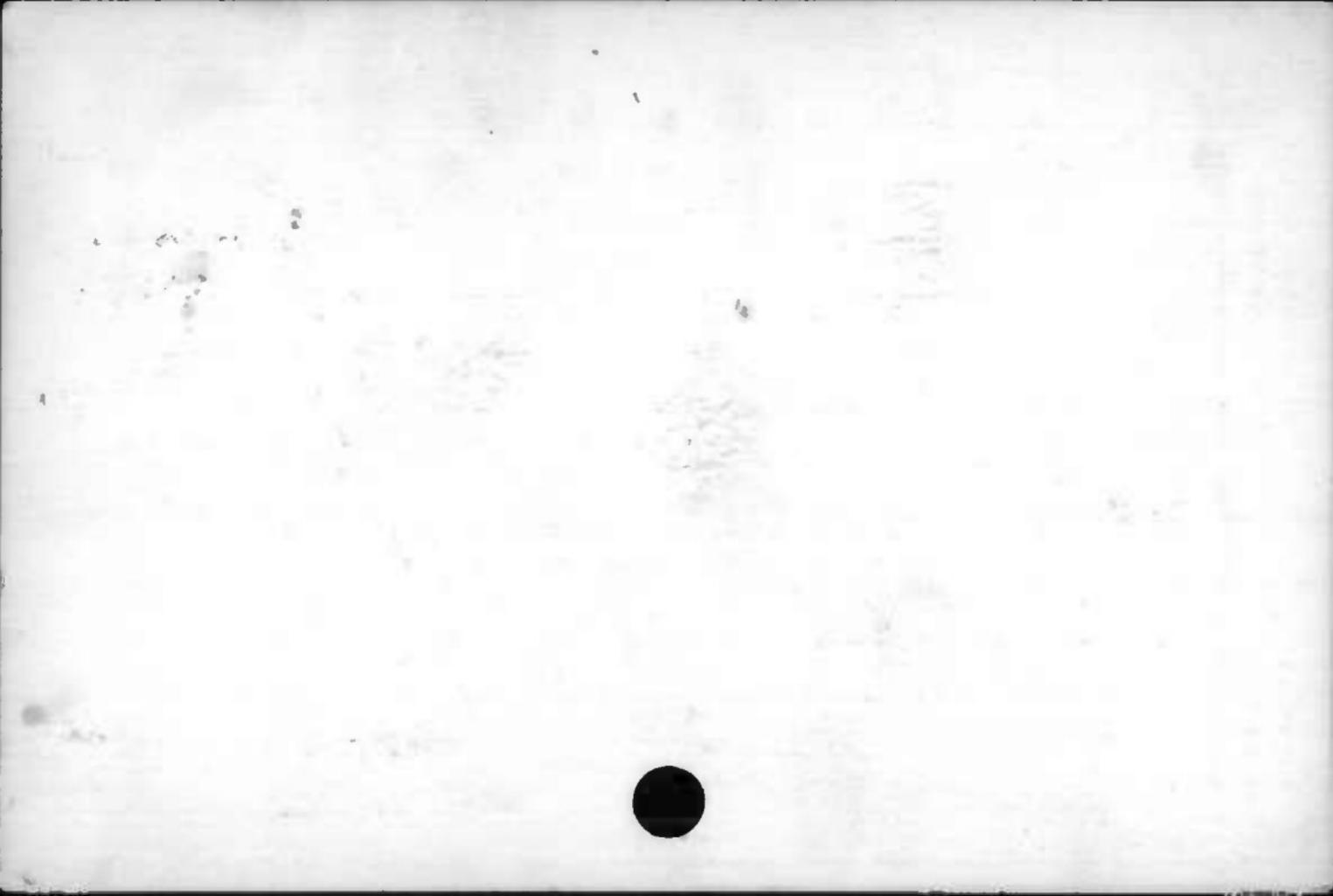
Signature of
Physician

Address

L. J. Evans
undertaker

O.K. D. A. Masey
Berlin, Md

Accident or Suicide



Name
in
Full

Annie Smack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Berlin		Town		County Worcester		MARYLAND	
Date of death 1908	Oct	Month	Day 10	Age 38	Years	Month	Days
Sex Female	Color or Race Black	Birth-place Maryland					
Occupation Servant	Where Reclining if not et place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name unknown	Father's Birthplace Worcester Md.						
Mother's Maiden Name Maggie Robbins	Mother's Birthplace Maryland						
Name of person giving information Mary Smack	How related to deceased Sister						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute nephritis

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

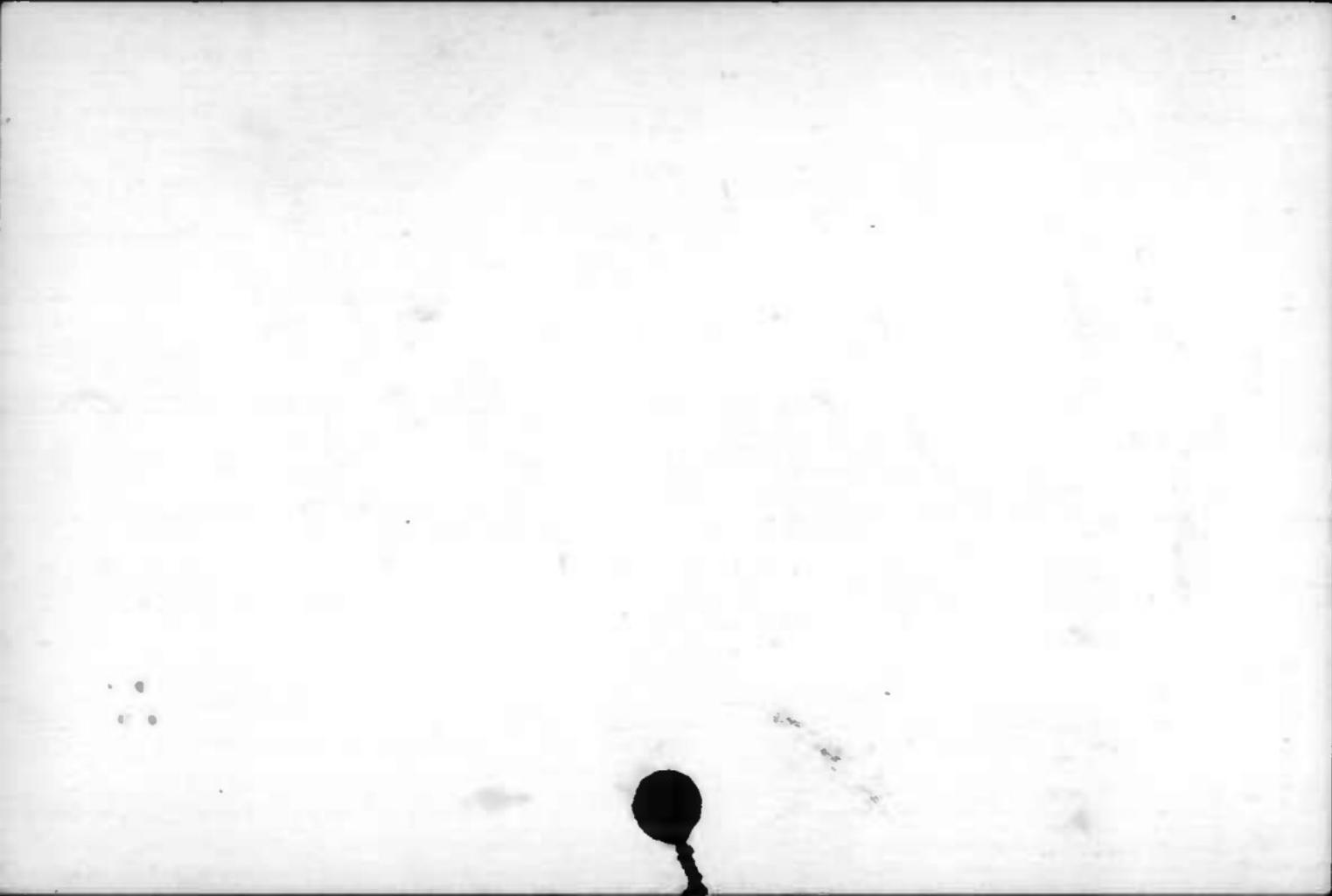
Accident or Suicide

119

How long

6 mo

Cordwicks
Berlin
Md



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John Whaley child		County	MARYLAND	
Died at Berlin	Town	Worcester	Months	Days
Date of death 1908	Month Oct	Day 30	Age 5-	
Sex Female	Color or Race Black	Where Residing if not at place of death ✓	Birth-place Maryland	
Occupation none				
Married, Single or Widowed Single	Name of Wife or Husband —			
Father's Name John Whaley		Father's Birthplace Maryland		
Mother's Maiden Name Thompson		Mother's Birthplace		
Name of person giving Information William Powell		How related to deceased son		

CAUSES OF DEATH

93

Primary

Pneumonia

How long

5 days

Immediate

Inflammation

How long

Are the name, age, sex, color, date and place correctly given above?

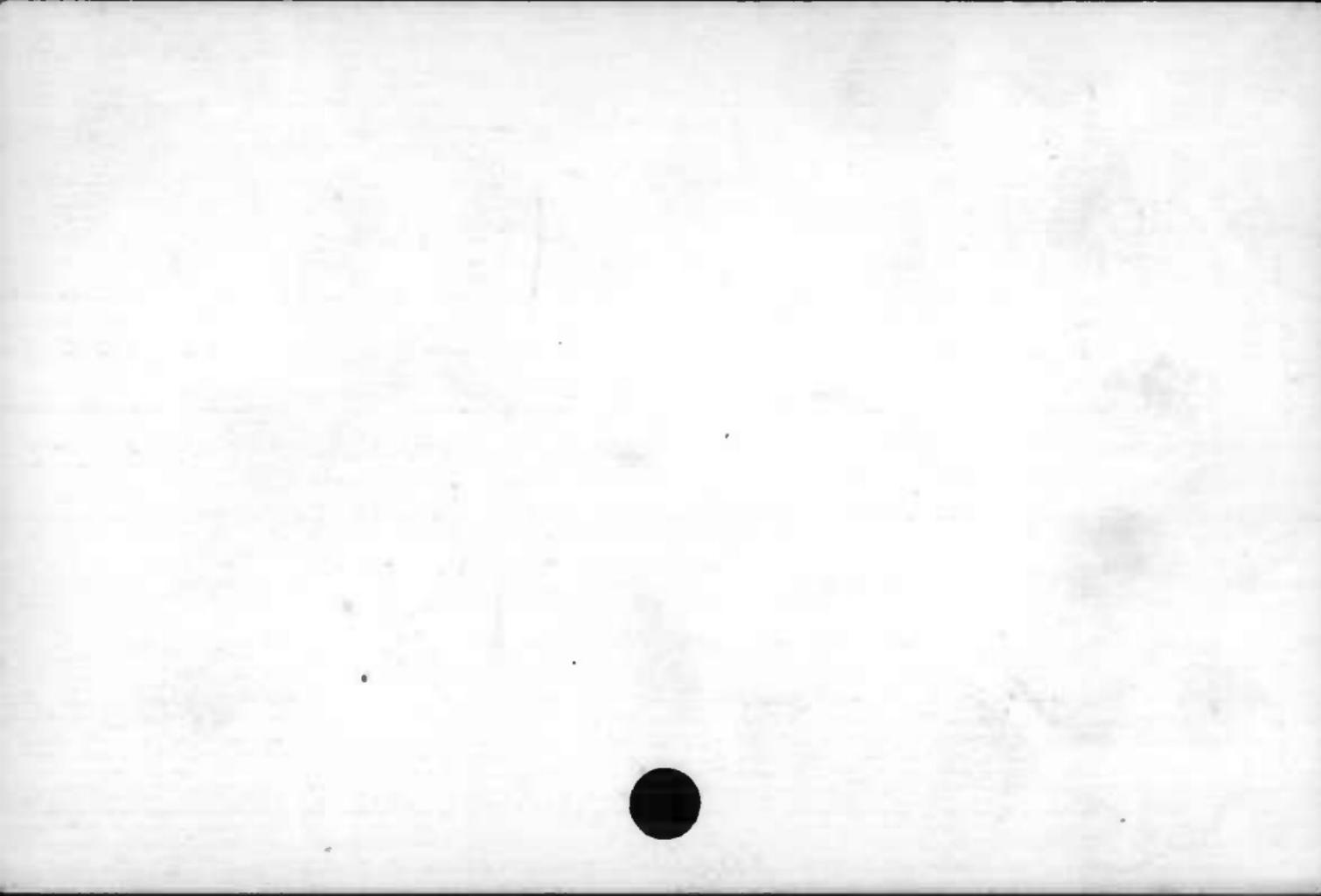
Signature of Physician

Address

Whaley Tyndale
Berlin

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Edward L. White

127

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

PHYSICIAN
OR CORONER

Town
Died at Near Pocomoke City, Worcester

County

Date Month Day Years Months Days
of death 1908 Oct 12 46 6 1

Sex Male Color or Race Colored Birthplace Pocomoke, Worcester Co., Md.

Occupation Farmer Where Residing if not et place of death ✓

Married, Single or Widowed Married Name of Wife or Husband Georgiana A. White

Father's Name George White Father's Birthplace Worcester Co.

Mother's Maiden Name Misella Carr Mother's Birthplace Worcester Co.

Name of person giving Information Georgiana A. White How related to deceased Wife

CAUSES OF DEATH

Primary

Typhoid fever

1

How long

5½ weeks

Immediate

Brumalose followed by diarrhea 1 week

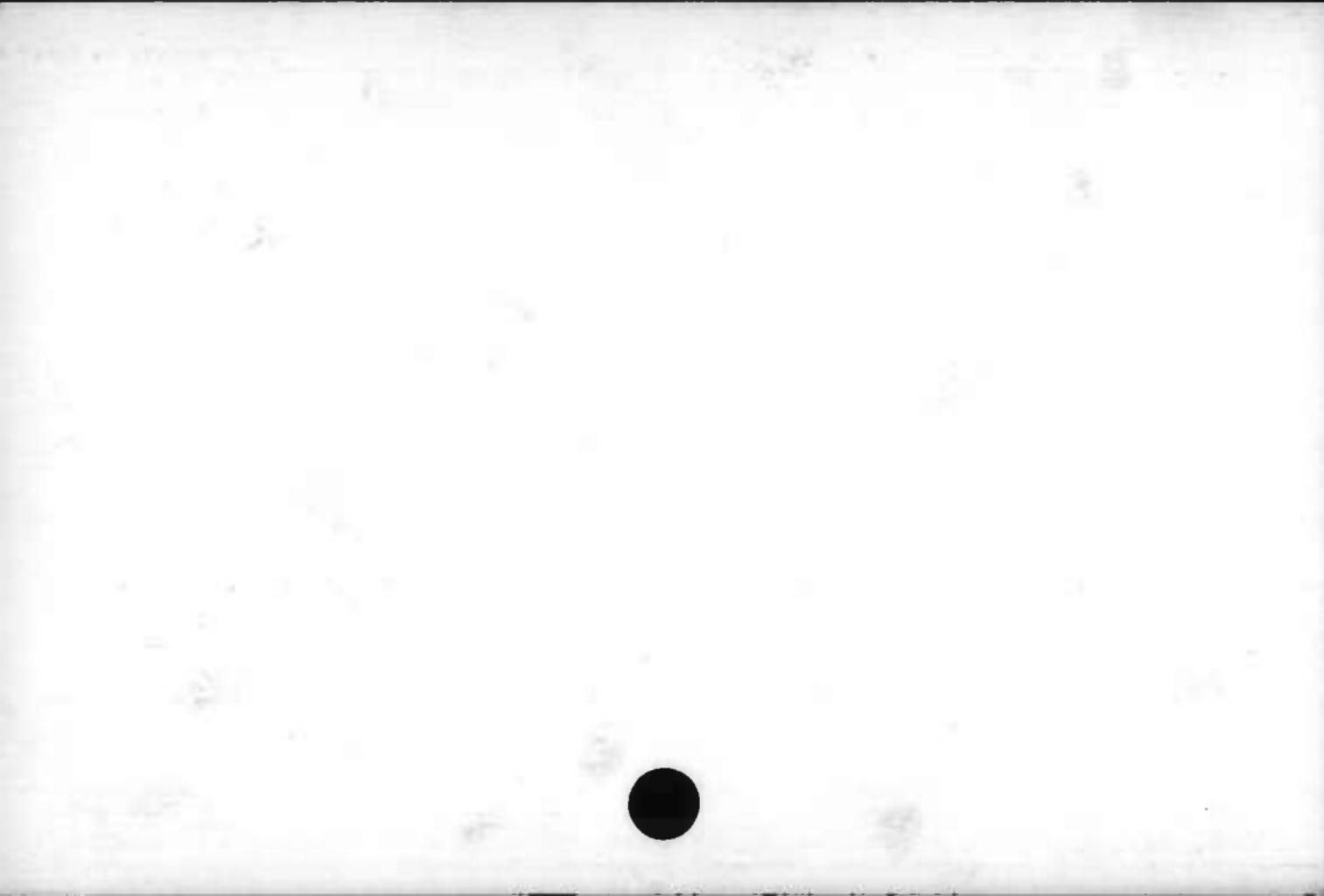
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. Pease
Pocomoke City, Md.

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hesler Whittington

CERTIFICATE OF DEATH

Died at Stockton

Town

County

MARYLAND

Date of death 1908

Month

Day

Years

Months

Days

20

Age

6

Sex

female

Color or Race

Black

Birth-place

ned

Occupation

7 sm

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

Joseph Whittington

Father's Birthplace

Md

Mother's Maiden Name

Mary Beekitts

Mother's Birthplace

md

Name of person giving
Information

Jes C. Seem

How related
to deceased

nom

CAUSES OF DEATH

27

Primary

consumption

How long

6 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. O. Payne, Jr.

Accident or Suicide?

(1 -

